

0–18 months

SCREENING

Frequency of Visits

- Exam at 3–5 days old and 48–72 hours after discharge from hospital; exams should include evaluation for feeding and jaundice; breast-fed infants to receive formal breast-feeding evaluation, encouragement and instruction
- Exams at months 1–12, and 15 and 18 months

Screenings/Tests

- Length and weight; head circumference; tobacco exposure; subjective vision and hearing; age-appropriate developmental screenings
- Hereditary/metabolic screening by first month
- Hemoglobin/hematocrit: between 9 and 12 months
- Lead: risk assessment questionnaire starting at 6 months; blood lead test at 12 months or 6 months if at risk
- Tuberculosis: screening at 3–12 months
- HIV: screening for infants born to mothers whose HIV status is unknown
- Hepatitis C: screening for high-risk children
- Autism: screening at 18 and 24 months

Immunizations

- Hepatitis A: two doses, six months apart, for all children between 12 and 23 months
- Hepatitis B: birth, 1 and 6 months (birth dose may be delayed by physician's order if mother screens negative; infants born to mothers who screen positive should be tested after third dose is given)
- DTaP (Diphtheria, Tetanus, Pertussis): 2, 4 and 6 months and between 15 and 18 months

- Polio (IPV): 2 and 4 months and between 6 and 18 months
- Hib (Haemophilus Influenza): 2, 4 and 6 months and between 12 and 15 months (some vaccines require only three doses)
- MMR (Measles, Mumps, Rubella): once between 12 and 15 months
- Varicella (Chickenpox): once between 12 and 18 months
- Pneumococcal Conjugate Vaccine (PCV): 2, 4 and 6 months and between 12 and 15 months
- Influenza: annually for children 6 months to 5 years old (two doses, one month apart for children receiving vaccine for the first time)
- Rotavirus: 2, 4 and 6 months (first dose by 12 weeks of age and all doses by 32 weeks of age)



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0—18 months

COUNSELING

Diet and Exercise

- Breast-feeding
- Importance of nutrients, especially iron-rich foods

Injury Prevention

- Safety: importance of child seats, smoke detectors, water temperature (<120° F), stairway gates, window guards, pool fences, outlet covers, syrup of ipecac and poison control number; education about drugs, household chemicals, electrical cords and domestic violence
- Sudden Infant Death Syndrome (SIDS): place infants on their backs when putting them to sleep (side positioning is an alternative, but carries a slightly higher risk of SIDS)

Dental Health

- Risk of baby bottle tooth decay
- Toothbrushing beginning at 6 months
- Fluoride supplements to prevent dental decay for infants living in areas with inadequate water fluoridation

Other

- Effects of passive smoking
- Dangers of sun exposure



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19 months–4 years

SCREENING

Frequency of Visits

- Exams at 2, 3 and 4 years old

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index) starting at age 2; head circumference (up to 24 months); subjective vision screening at age 2; objective vision screening at ages 3 and 4; vision screenings between ages 3 and 5 should include age-appropriate visual acuity measurement and ophthalmoscopy; eye exam for amblyopia and strabismus; subjective hearing screening at age 3; objective hearing screening at age 4; urinalysis for bacteriuria; blood pressure after age 3; age-appropriate developmental screenings
- Cholesterol level: at any age if high risk with family history; once at age 4 if not at risk
- Hemoglobin/hematocrit: screening for high-risk children between 15 months and 5 years
- Lead: annual risk assessment by questionnaire for children 2–6 years old; blood lead test at age two (for children at risk, screening should be done in accordance with state law where applicable)
- Tuberculosis: annual screening for high-risk children
- Hepatitis C: screening for high-risk children
- Autism: screening at 18 and 24 months

Immunizations

- DTaP (Diphtheria, Tetanus, Pertussis): once between 4 and 6 years old
- Polio (IPV): once between 4 and 6 years old (not necessary if first three infant doses were the same type)

- MMR (Measles, Mumps, Rubella): once between 4 and 6 years old
- Pneumococcal Conjugate Vaccine (PCV): doses at 2, 4 and 6 months old and a booster before age 5 (number of doses varies with starting age); pneumococcal polysaccharide vaccine (PPV) recommended in addition to PCV for high-risk children
- Hepatitis A: two doses, six months apart, for all children between 12 and 23 months and those at risk
- Influenza vaccine: annually for children 6 months to 5 years old (two doses, one month apart, for children under age 9 receiving vaccine for the first time; intranasal vaccine can be used as an alternative for children 2–5 years old)
- Meningococcal conjugate vaccine (preferred to polysaccharide vaccine): for high-risk children ≥ 2 years old
- Varicella (Chickenpox): once between 1 and 6 years old



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19 months–4 years

COUNSELING

Diet and Exercise

- Limit sweets and between-meal snacks
- Eat more iron-rich foods
- Limit sodium intake
- Promote age-appropriate physical activities

Injury Prevention

- Safety: importance of child seats, smoke detectors, water temperature (<120° F), stairway gates, window guards, pool fences, outlet covers, syrup of ipecac and poison control number; education about drugs, household chemicals and electrical cords
- Warnings about strangers, bicycle safety and bicycle helmets

Dental Health

- Toothbrushing
- Dental visits beginning at age 3; refer to a dentist as needed
- Fluoride supplements to prevent dental decay for children living in areas with inadequate water fluoridation

Other

- Effects of passive smoking
- Dangers of sun exposure
- Counsel about domestic violence



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5–12 years

SCREENING

Frequency of Visits

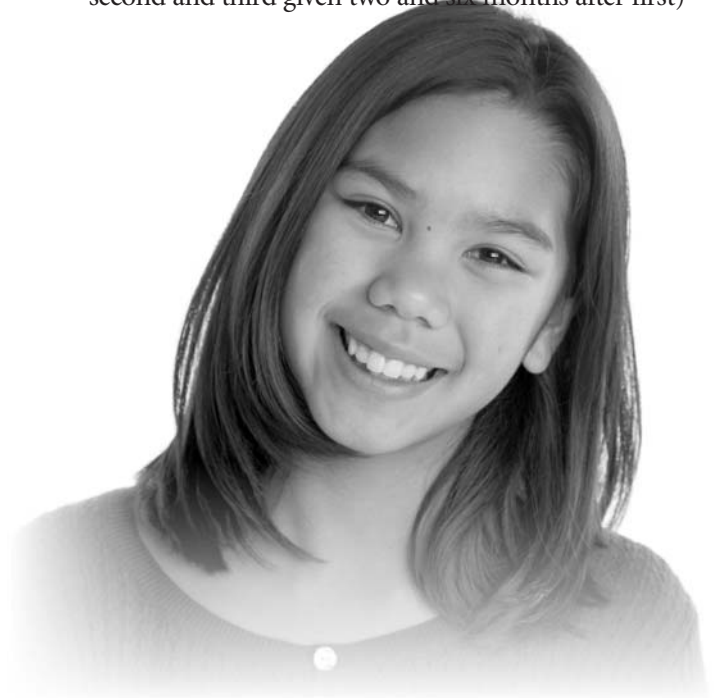
- Annual exam

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; tobacco exposure/use; pubertal status; objective vision and hearing screening at ages 5, 6, 8 and 10; objective vision at age 12; subjective vision and hearing screening at ages 7, 9 and 11; subjective hearing at age 12; vision screenings between ages 3 and 5 should include age-appropriate visual acuity measurement and ophthalmoscopy; diabetes screening as clinically indicated beginning at age 12; age-appropriate developmental screenings
- Cholesterol level: for high-risk children with family history
- Chlamydia, gonorrhea and HIV: annual screening of all sexually active adolescents and other at-risk persons, even if asymptomatic, beginning at age 11
- Lead: annual risk assessment by questionnaire for children 2–6 years old (for children at risk, screening should be done in accordance with state law where applicable)
- Hemoglobin/hematocrit: one screening between 11 and 21 years old; annually for menstruating females
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Tuberculosis: annual screening for high-risk children
- Hepatitis C: screening for high-risk children
- Blood sugar level: annual screening beginning at 12 years old
- Fasting plasma glucose or two-hour postload glucose: every two years for high-risk children beginning at 10 years old or onset of puberty
- Pneumococcal polysaccharide vaccine (PPV): for high-risk children; pneumococcal conjugate vaccine (PCV) booster also needed before age 5
- Tdap (Tetanus, Diphtheria, Pertussis): once for adolescents 11–12 years old who have received the DTaP series but not a Td booster dose; Td booster every 10 years afterward
- Hepatitis B: between 11 and 13 years old, three doses in a nine-month period if not previously immunized
- Varicella (Chickenpox): once between 1 and 6 years old (a total of two doses should be given before age 13 if no history of chickenpox)
- Influenza: annually for high-risk children (two doses, one month apart, for children under 9 receiving vaccine for first time; intranasal vaccine can be used as an alternative for children 2–5 years old)
- Hepatitis A: for high-risk children
- Meningococcal conjugate vaccine (MCV4): for children 11–12 years old and high-risk children and adolescents ≥ 2 years old
- Human Papillomavirus (HPV): for females between 11 and 12 years old or as early as age 9 (three doses, with second and third given two and six months after first)

Immunizations

- DTaP (Diphtheria, Tetanus, Pertussis): once between 4 and 6 years old
- Polio (IPV): once between 4 and 6 years old (not necessary if first three infant doses were the same type)
- MMR (Measles, Mumps, Rubella): once between 4 and 6 years old; if that dose was not given, once between 11 and 18 years old



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5–12 years

COUNSELING

Diet and Exercise

- Limit fat, cholesterol, sweets and between-meal snacks
- Promote age-appropriate physical activities
- Limit television and computer/video games to promote physical activity
- Counsel girls ages 11 and older about maintaining calcium intake to prevent osteoporosis

Injury Prevention

- Safety: importance of smoke detectors, safety belts, helmets and protective padding; education about drugs, household chemicals, firearms and matches

Dental Health

- Toothbrushing and regular dental visits; refer to a dentist as needed
- Fluoride supplements to prevent dental decay for children living in areas with inadequate water fluoridation

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate

Sexual Practices

- Sex education discussions, if appropriate

Other

- Dangers of sun exposure
- Counsel about domestic violence



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13–17 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

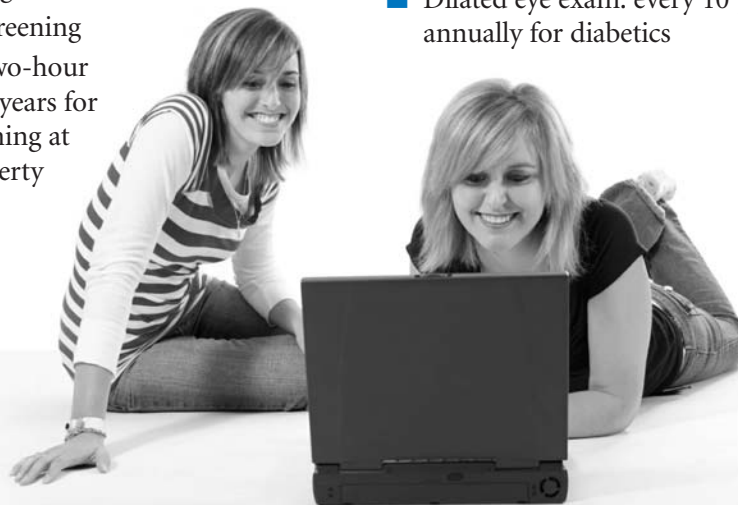
- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index); blood pressure; pubertal status; behavior assessment; assess risk of depression/suicide; subjective vision and hearing screening at ages 13, 14, 16 and 17; subjective hearing screening at age 15; objective vision screening at age 15; diabetes screening as clinically indicated
- Cholesterol level: for high-risk patients with family history
- Urinalysis
- Pelvic exam with Pap smear offered to females within three years of sexual activity or by 21 years old (exam every two years if using liquid-based Pap test)
- Chlamydia/gonorrhea: annual screening of all sexually active adolescents and other at-risk persons, even if they are asymptomatic
- HIV: offer annual screenings to all individuals 13 years old and above, regardless of risk factors
- Hemoglobin/hematocrit: once between ages 11 and 21; annually for menstruating females
- Rubella: screening for susceptibility in all females of child-bearing age (screen by history of vaccination or serology)
- Tuberculosis: annual screening for high-risk adolescents
- Hepatitis C: screening for high-risk adolescents
- Blood sugar level: annual screening
- Fasting plasma glucose or two-hour postload glucose: every two years for high-risk adolescents beginning at 10 years old or onset of puberty

Immunizations

- MMR (Measles, Mumps, Rubella): once between 11 and 18 years old if not given between 4 and 6 years old
- Pneumococcal Conjugate Vaccine (PCV): for high-risk adolescents; Pneumococcal polysaccharide vaccine (PPV) recommended
- Tdap (Tetanus, Diphtheria, Pertussis): once for adolescents 11–12 years old who have received the DTaP series but not a Td booster dose (catch-up booster for 13–18 year olds); Td/Tdap booster every 10 years afterward
- Hepatitis B: between 11 and 13 years old, three doses in a nine-month period if not previously immunized (catch-up dose between 13–18 years old)
- Varicella (Chickenpox): twice by age 13, at least 28 days apart, if no history of chickenpox
- Influenza: annually for high-risk adolescents, out-of-home caregivers and/or those living with children up to 5 years old
- Hepatitis A: for high-risk individuals
- Meningococcal conjugate vaccine (MCV4): catch-up vaccine for adolescents 13–17 years old or college students
- Meningococcal conjugate or polysaccharide vaccine (MCV4 or MPSV4): for high-risk adolescents
- Human Papillomavirus (HPV): catch-up vaccine for females 13–26 years old if not previously immunized (three doses)

Eye Exams

- Dilated eye exam: every 10 years from ages 13 to 40 or annually for diabetics



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13–17 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Promote age-appropriate physical activities
- Limit television and computer/video games to promote physical activity
- Counsel females about maintaining calcium intake to prevent osteoporosis

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Risk of noise-induced hearing loss

Dental Health

- Toothbrushing, flossing and regular dental visits
- Fluoride supplements to prevent dental decay for children under age 16 living in areas with inadequate water fluoridation

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Sexual development and behavior
- Reproductive health consultation

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Counsel about domestic violence



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18–21 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

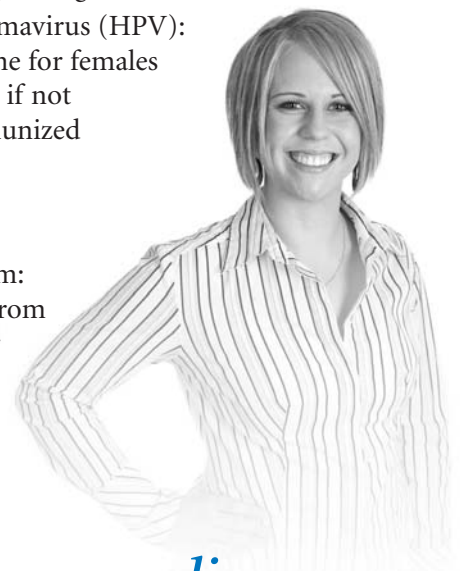
- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index) to identify adults at increased risk for mortality and morbidity; blood pressure; pelvic exam and clinical breast exam for females; clinical testicular exam for males; objective vision and hearing screening at age 18; subjective vision and hearing screening between ages 19 and 21; retinal exam for high-risk individuals with diabetes; tobacco exposure and use; diabetes screening as clinically indicated
- Total blood cholesterol and HDL-C: every five years
- Pelvic exam with Pap smear offered to females within three years of sexual activity or by 21 years old (exam every two years if using liquid-based Pap test)
- Mammogram: for high-risk or symptomatic females
- HIV: offer annual screening to all adults regardless of risk factors
- Chlamydia/gonorrhea: annual screening of all sexually active adolescents and other at-risk persons, even if they are asymptomatic
- Hemoglobin/hematocrit: once between 11 and 21 years old; menstruating females screened annually
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Tuberculosis: annual screening for high-risk adults
- Hepatitis C: screening for high-risk adults; offer hepatitis C counseling and testing to all adults with HIV
- Blood sugar level: annual screening
- Fasting plasma glucose or two-hour postload glucose: every two years for high-risk adults

Immunizations

- Tdap (Tetanus, Diphtheria, Pertussis): catch-up booster for 13–18 year olds who have received the DTaP series but not a Td booster dose; Td/Tdap booster every 10 years afterward
- Tetanus (Td/Tdap): for adults who have not received the primary series (three doses, with first two doses given four weeks apart and the third dose six to 12 months after the second)
- Influenza: annually for high-risk adults, out-of-home caregivers and/or those living with children up to 5 years old
- Meningococcal conjugate vaccine (MCV4): catch-up vaccine for college students
- Meningococcal conjugate or polysaccharide vaccine (MCV4 or MPSV4): for high-risk adults
- Hepatitis A: for high-risk adults
- Hepatitis B: for high-risk adults and any adult seeking protection from infection
- MMR (Measles, Mumps, Rubella): for adults without proof of immunity
- Varicella (Chickenpox): two doses (four to eight weeks apart) for adults without evidence of immunity
- Pneumococcal: one-time dose for adults at risk or re-vaccination for adults at risk who were vaccinated more than five years ago
- Human Papillomavirus (HPV): catch-up vaccine for females 13–26 years old if not previously immunized (three doses)

Eye Exams

- Dilated eye exam: every 10 years from ages 13 to 40 or annually for diabetics



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18–21 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Eat more foods high in folic acid (for females of childbearing age)
- Counseling and behavioral interventions to promote sustained weight loss in obese adults
- Participate in routine and frequent physical activity/exercise
- Counsel females about maintaining calcium intake to prevent osteoporosis

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Sexual development and behavior
- Periodic counseling about effective contraceptive methods for all men and women at risk for unintended pregnancy

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Dangers of sun exposure
- Counsel about domestic violence
- Advance directives and living wills
- Preconception planning:
 - Encourage development of reproductive health plan and assess desire to have or not have children
 - Women who can become pregnant should take .4 mg folic acid daily to reduce brain and spine birth defects; 4 mg folic acid for women who have had a child with a brain or spine defect
 - Consultation and weight-loss counseling for obese women planning to conceive
- Encourage screening for cystic fibrosis carrier status for all couples/females



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22–39 years

SCREENING

Frequency of Visits

- One exam at least every five years or more frequently at physician's discretion (screen annually if systolic blood pressure is 120 to 139 mm Hg or diastolic is 80 to 90 mm Hg)

Screenings/Tests

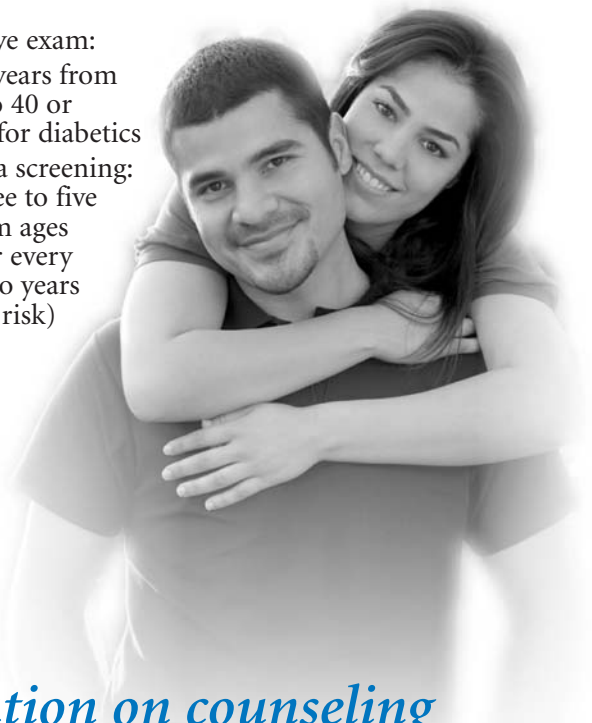
- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index) to identify adults at increased risk for mortality and morbidity; blood pressure; pelvic exam and clinical breast exam for females; clinical testicular exam for males; retinal exam for high-risk individuals with diabetes; tobacco exposure and use; diabetes screening as clinically indicated
- Total blood cholesterol and HDL-C: every five years (more frequently for adults at risk for coronary artery disease)
- Cervical cancer: screening annually with either the conventional or liquid-based Pap test (in low-risk women with two consecutive normal tests, every three years); screening not indicated for women who have had a total hysterectomy for benign disease
- Human Papillomavirus (HPV): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in three years)
- Screening mammograms: every one to two years, at physician's discretion, for women ages 35–39; baseline screening at age 35
- Mammogram: for high-risk or symptomatic females under 35 years of age
- HIV: offer screening for all adults regardless of risk-factors; strongly recommended for high-risk adults
- Chlamydia: screening for all sexually active women 25 years old and younger; older than 25 at the physician's discretion
- Hepatitis C: screening for high-risk adults; offer hepatitis C counseling and testing for adults with HIV
- Tuberculosis: screening for high-risk adults
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Blood sugar level: annual screening

Immunizations

- Tetanus (TD/Tdap): one booster every 10 years; a single dose of the Tdap (Tetanus, Diphtheria, Pertussis) vaccine may be given before the next or instead of the regular Td booster (may be given in as short as a two-year interval)
- Td (Tetanus): for adults who have not received the primary series (three doses, with first two doses given four weeks apart and the third dose six to 12 months after)
- Influenza: annually for high-risk adults, out-of-home caregivers and/or those living with children up to 5 years old
- MMR (Measles, Mumps, Rubella): for adults without proof of immunity
- Hepatitis A: for high-risk adults
- Hepatitis B: for high-risk adults and those seeking protection from infection
- Varicella (Chickenpox): two doses (four to eight weeks apart) for adults without evidence of immunity
- Pneumococcal: one-time dose for adults at risk or re-vaccination for adults at risk who were vaccinated more than five years ago
- Meningococcal conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4): for high-risk adults
- HPV: catch-up vaccine for females 13–26 years old if not previously immunized (three doses)

Eye Exams

- Dilated eye exam: every 10 years from ages 13 to 40 or annually for diabetics
- Glaucoma screening: every three to five years from ages 39–50 (or every one to two years if at high risk)



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22–39 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Eat more foods high in folic acid (for females of childbearing age)
- Counseling and behavioral interventions to promote sustained weight loss in obese adults
- Participate in routine and frequent physical activity/exercise
- Counsel females about maintaining calcium intake to prevent osteoporosis

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

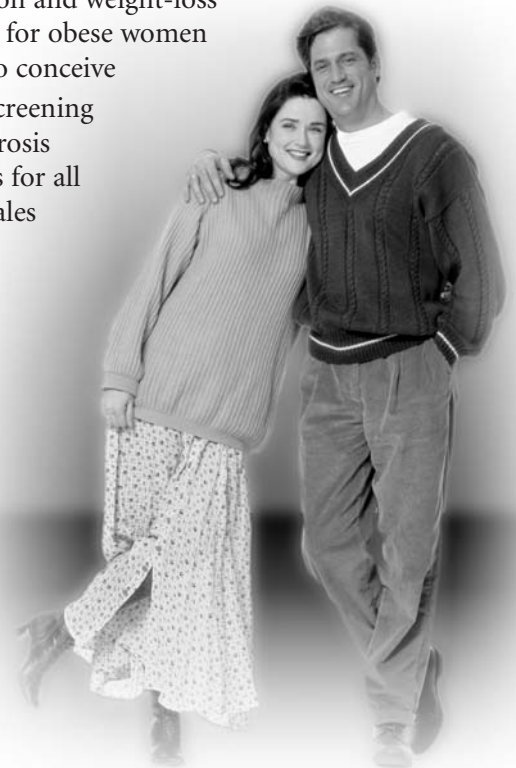
- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Sexual development and behavior
- Periodic counseling about effective contraceptive methods for all men and women at risk for unintended pregnancy

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Discuss benefits and risks of aspirin therapy for adults at risk for heart disease
- Dangers of sun exposure
- Counsel about domestic violence
- Advance directives and living wills
- Preconception planning:
 - Encourage development of reproductive health plan and assess desire to have or not have children
 - Women who can become pregnant should take .4 mg folic acid daily to reduce brain and spine birth defects; 4 mg folic acid for women who have had a child with a brain or spine defect
 - Consultation and weight-loss counseling for obese women planning to conceive
- Encourage screening for cystic fibrosis carrier status for all couples/females



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40–54 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

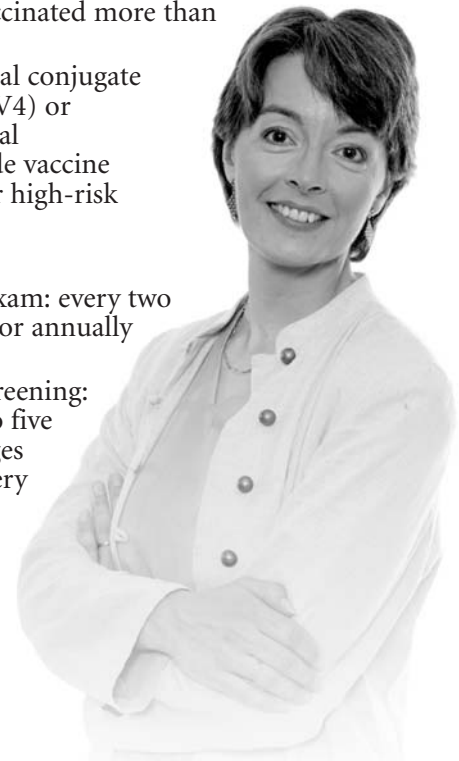
- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index) to identify adults at increased risk for mortality and morbidity; blood pressure; pelvic exam and clinical breast exam for females; clinical testicular exam for males; osteoporosis screening for women ages 45 and older; diabetes screening as clinically indicated for high-risk individuals; retinal exam for high-risk individuals with diabetes; tobacco exposure and use
- Total blood cholesterol and HDL-C: every five years (more frequently for adults at risk for coronary artery disease)
- Cervical cancer: screening annually with either the conventional or liquid-based Pap test (in low-risk women with two consecutive normal tests, every three years); screening not indicated for women who have had a total hysterectomy for benign disease
- Human Papillomavirus (HPV): screening recommended for women 30 and older in combination with Pap smear (if negative, combination may be repeated in three years)
- HIV: offer annual screening to all adults regardless of risk factors; strongly recommended for high-risk adults
- Chlamydia: screening for all sexually active women at the physician's discretion
- Mammogram: annually from age 40
- Colorectal cancer: screening beginning at age 50; age 45 for African Americans (earlier for high-risk individuals)
 - Colonoscopy: (preferred) every 10 years, or
 - Flexible sigmoidoscopy: every five years, or
 - Fecal occult blood testing and flexible sigmoidoscopy: every five years, or
 - Double contrast barium enema: every five years, or
 - Fecal occult blood testing: annual screening
- Digital rectal exam: annually for African American men or anyone with a positive family history of prostate cancer starting at age 40; annually for all males 50 and older (evidence insufficient to recommend for or against use of PSA testing; if PSA done, for accurate screening; counsel to abstain from sexual activity two days prior; avoid testing if diagnosis is of benign prostatic hypertrophy or prostatitis; and inquire about herbal supplements and medications)
- Hepatitis C: screening for high-risk adults; offer hepatitis C counseling and testing to those adults with HIV
- Tuberculosis: screening for high-risk adults
- Rubella: screening for susceptibility in all females of childbearing age (screen by history of vaccination or serology)
- Blood sugar level: annual screening

Immunizations

- Tetanus (Td/Tdap): one booster every 10 years; a single dose of the Tdap (Tetanus, Diphtheria, Pertussis) vaccine may be given to replace the next Td booster (may be given in as short as a two-year interval)
- Tetanus (Td/Tdap): for adults who have not received the primary series (three doses, with first two doses given four weeks apart and the third dose six to 12 months after)
- Influenza: annually from age 50; annually for high-risk adults under 50 years old, out-of-home caregivers and/or those living with children up to 5 years old
- MMR (Measles, Mumps, Rubella): for adults without proof of immunity up to age 49
- Hepatitis A: for high-risk adults
- Hepatitis B: for high-risk adults and those seeking protection from infection
- Varicella (Chickenpox): two doses (four to eight weeks apart) for adults without evidence of immunity
- Pneumococcal: one dose for adults at risk or re-vaccination for adults at risk who were vaccinated more than five years ago
- Meningococcal conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4): for high-risk adults

Eye Exams

- Dilated eye exam: every two to four years or annually for diabetics
- Glaucoma screening: every three to five years from ages 39–50 (or every one to two years if at high-risk)



See other side for important information on counseling

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40–54 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Counseling and behavioral interventions to promote sustained weight loss in obese adults
- Participate in routine and frequent physical activity/exercise
- Counsel females about maintaining calcium intake to prevent osteoporosis

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices, unintended pregnancy and contraception
- Periodic counseling about effective contraceptive methods for all men and women at risk for unintended pregnancy

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Discuss benefits and risks of aspirin therapy for adults at risk for heart disease
- Dangers of sun exposure
- Peri/menopausal counseling regarding treatment and lifestyle modifications which may be available
- Counsel peri/post-menopausal women about the risks and benefits of estrogen replacement
- Discuss osteoporosis and cardiovascular disease
- Counsel about domestic violence
- Advance directives and living wills
- Preconception planning:
 - Encourage development of reproductive health plan and assess desire to have or not have children
 - Women who can become pregnant should take .4 mg folic acid daily to reduce brain and spine birth defects; 4 mg folic acid for women who have had a child with a brain or spine defect
 - Consultation and weight-loss counseling for obese women planning to conceive
- Encourage screening for cystic fibrosis carrier status for all couples/females



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55–64 years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

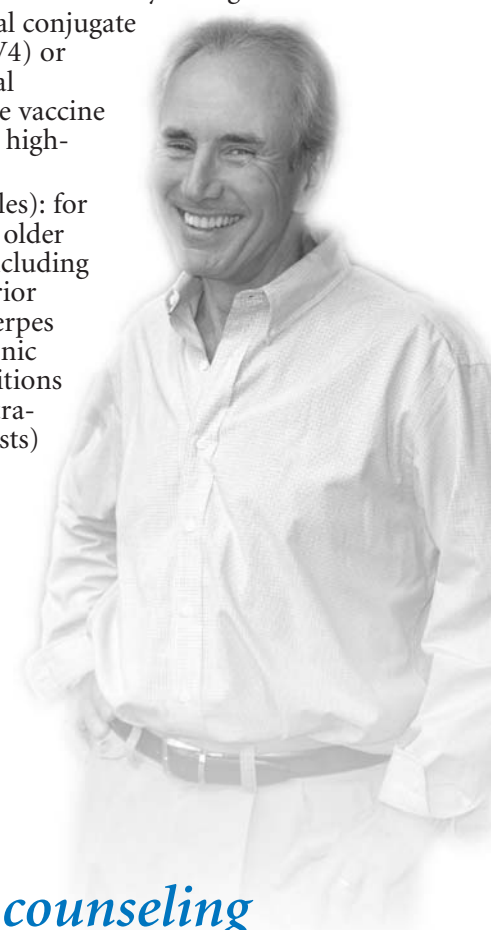
- Height and weight; screen for obesity — calculate BMI (Body Mass Index) to identify adults at increased risk for mortality and morbidity; blood pressure; pelvic exam; clinical breast exam and osteoporosis screening for females; clinical testicular exam for males; diabetes screening as clinically indicated for high-risk adults; retinal exam for high-risk adults with diabetes; tobacco exposure and use
- Total blood cholesterol and HDL-C: every five years (more frequently for adults at risk for coronary artery disease)
- Cervical cancer: screening annually with either the conventional or liquid-based Pap test (in low-risk women with two consecutive normal tests, every three years); screening not indicated for women who have had a total hysterectomy for benign disease
- Human Papillomavirus (HPV): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in three years)
- Mammogram: annually
- HIV: offer screening to all adults regardless of risk factors; strongly recommended for high-risk adults
- Chlamydia: screening for all sexually active women at the physician's discretion
- Colorectal cancer: screening beginning at age 50; age 45 for African Americans (earlier for high-risk individuals)
 - Colonoscopy: (preferred) every 10 years, or
 - Flexible sigmoidoscopy: every five years, or
 - Fecal occult blood testing and flexible sigmoidoscopy: every five years, or
 - Double contrast barium enema: every five years, or
 - Fecal occult blood testing: annual screening
- Digital rectal exam: annually for all men (evidence insufficient to recommend for or against use of PSA testing; if PSA done, for accurate screening: counsel to abstain from sexual activity two days prior; avoid testing if diagnosis is of benign prostatic hypertrophy or prostatitis; and inquire about herbal supplements and medications)
- Hepatitis C: screening for high-risk adults; offer hepatitis C counseling and testing to adults with HIV
- Tuberculosis: screening for high-risk adults
- Blood sugar level: annual screening
- Osteoporosis: screening for men and women at high-risk for osteoporotic fractures

Immunizations

- Tetanus (Td/Tdap): one booster every 10 years, especially for adults 50 and older; a single dose of the Tdap (Tetanus, Diphtheria, Pertussis) vaccine may be given to replace the regular Td booster (may be given in as short as a two-year interval)
- Tetanus (Td/Tdap): for adults who have not received the primary series (three doses, with first two doses given four weeks apart and the third dose six to 12 months after)
- Influenza: annually
- Hepatitis A: for high-risk adults
- Hepatitis B: for high-risk adults and those seeking protection from infection
- Varicella (Chickenpox): two doses (four to eight weeks apart) for adults without evidence of immunity
- Pneumococcal: one-time dose for adults at risk or re-vaccination for adults at risk who were vaccinated more than five years ago
- Meningococcal conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4): for high-risk adults
- Zoster (Shingles): for adults 60 and older (one dose), including adults with prior episodes of herpes zoster or chronic medical conditions (unless a contra-indication exists)

Eye Exams

- Dilated eye exam every two years or annually for diabetics
- Glaucoma screening every one to two years



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55–64 years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
- Eat more high-fiber, iron-rich (females) and calcium-rich foods
- Limit sodium intake
- Counseling and behavioral interventions to promote sustained weight loss in obese adults
- Participate in routine and frequent physical activity/exercise
- Counsel females about maintaining adequate calcium to prevent osteoporosis

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices
- Sexuality during the aging process

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Discuss benefits and risks of aspirin therapy for adults at risk for heart disease
- Dangers of sun exposure
- Peri/menopausal counseling regarding treatment and lifestyle modifications which may be available
- Counsel peri/post-menopausal women about the risks and benefits of estrogen replacement
- Cardiovascular disease
- Counsel about domestic violence
- Advance directives and living wills



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65+ years

SCREENING

Frequency of Visits

- Annual exam

Screenings/Tests

- Height and weight; screen for obesity — calculate and record BMI (Body Mass Index) to identify adults at increased risk for mortality and morbidity; blood pressure; listen for cardiac sounds; pelvic exam, clinical breast exam and osteoporosis screening for females; clinical testicular exam for males; diabetes screening as clinically indicated for high-risk individuals; retinal exam for high-risk individuals with diabetes; tobacco exposure and use
- Total blood cholesterol and HDL-C: every five years (more frequently for adults at risk for coronary artery disease)
- Cervical cancer: screening annually with either the conventional or liquid-based Pap test (screening not indicated for women who have had a total hysterectomy for benign disease or who are over 65 years old with a history of normal Pap tests and are otherwise not at risk)
- Human Papillomavirus (HPV): screening recommended for women age 30 and older in combination with Pap smear at physician's discretion (if negative, combination may be repeated in three years)
- Mammogram: annually
- HIV: offer annual screening to all adults regardless of risk factors; strongly recommended for high-risk adults
- Chlamydia: screening for all sexually active women at the physician's discretion
- Colorectal cancer: screening beginning at age 50; age 45 for African Americans (earlier for high-risk individuals)
 - Colonoscopy: (preferred) every 10 years, or
 - Flexible sigmoidoscopy: every five years, or
 - Fecal occult blood testing and flexible sigmoidoscopy: every five years, or
 - Double contrast barium enema: every five years, or
 - Fecal occult blood testing: annual screening
- Aortic Abdominal Aneurysm (AAA): one-time screening by ultrasonography recommended in men age 65–75 who have smoked (current and former smokers)
- Digital rectal exam: annually for all men (evidence insufficient to recommend for or against use of PSA testing; if PSA done, for accurate screening: counsel to abstain from sexual activity two days prior; avoid testing if diagnosis is of benign prostatic hypertrophy or prostatitis; and inquire about herbal supplements and medications)
- Hepatitis C: screening for high-risk adults; offer counseling and testing for adults with HIV
- Tuberculosis: screening for high-risk adults
- Blood sugar level: annual screening
- Osteoporosis: screening for women beginning at age 65 (screening may be done every two years)

Immunizations

- Tetanus (TD/Tdap): one booster every 10 years; a single dose of the Tdap (Tetanus, Diphtheria, Pertussis) vaccine may be given to replace the regular Td booster (may be given in as short as a two-year interval)
- Tetanus (TD/Tdap): for adults who have not received the primary series (three doses, with first two doses given four weeks apart and the third dose six to 12 months after)
- Influenza: annually
- MMR (Measles, Mumps, Rubella): for adults without proof of immunity
- Hepatitis A: for high-risk adults
- Hepatitis B: for high-risk adults and those seeking protection from infection
- Varicella (Chickenpox): two doses (four to eight weeks apart) for adults without evidence of immunity
- Pneumococcal: one-time dose for adults at risk who were vaccinated more than five years ago
- Meningococcal conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4): for high-risk adults
- Zoster (Shingles): for adults 60 and older (one dose), including adults with prior episodes of herpes zoster or chronic medical conditions (unless a contraindication exists)

Eye Exams

- Dilated eye exam every two years or annually for diabetics
- Glaucoma screening every one to two years

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65+ years

COUNSELING

Diet and Exercise

- Limit high-fat foods (especially saturated fat)
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- Limit sodium intake
- Counseling and behavioral interventions to promote sustained weight loss in obese adults
- Participate in routine and frequent physical activity/exercise
- Counsel females about maintaining adequate calcium to prevent osteoporosis

Injury Prevention

- Use of safety belts, helmets and protective padding
- Avoiding violent behavior
- Smoke detectors
- Safety precautions when using household equipment

Dental Health

- Toothbrushing, flossing and regular dental visits

Substance Abuse

- Discourage use of alcohol, drugs and tobacco
- Promote cessation of alcohol, drug and tobacco use, if appropriate
- Dangers of driving and other activities while under the influence

Sexual Practices

- Sexually transmitted disease, safe sexual practices
- Sexuality during the aging process

Cancer Prevention

- Breast self-exam instruction for females
- Testicular self-exam instruction for males

Other

- Discuss benefits and risks of aspirin therapy for adults at risk for heart disease
- Dangers of sun exposure
- Menopausal counseling regarding treatment and lifestyle modifications which may be available
- Counsel peri/post-menopausal women about the risks and benefits of estrogen replacement
- Cardiovascular disease
- Counsel about domestic violence
- Advance directives and living wills



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Maternity

SCREENING

Frequency of Visits

- Initial visit: as early in pregnancy as possible
- Routine visits: every four to five weeks through 28 weeks; every two to three weeks until 36 weeks; every week after 36 weeks

Each visit your doctor assesses:

- Your height, weight, blood pressure and Body Mass Index (BMI)
- Your urine for glucose and protein
- Fetal heart rate (after 12 weeks) and baby's growth
- Signs and symptoms of depression
- Signs of bleeding, leakage or other concerns

Initial visit includes:

- Physical examination
- Medical and pregnancy history
- Family and social history
- Psychiatric and substance abuse history, including preexisting and recent onset depression
- Screening for hepatitis B virus (HBV) infection
- For high-risk patients: identification and intervention for hepatitis A, B and C; diabetes; tuberculosis; sickle cell anemia; cystic fibrosis; or sexually transmitted diseases

Screenings/Tests

First Trimester (0–13 weeks)

- Genetic risk assessment, maternal metabolic disorder and birth defect counseling
- Screenings for hepatitis B surface antigen, blood groups and CDE (Rh) type, and Rh Factor Antibody
- Screenings for rubella, syphilis and HIV
- Lab work (hemoglobin and hematocrit, urinalysis, Pap smear)
- Screening for fetal abnormalities when medically necessary
- Urine culture at 12–16 weeks
- Risk assessment for gestational diabetes during first visit; women at high risk should undergo glucose testing
- Offer screenings for Down syndrome by Nuchal translucency and a blood test for maternal serum markers
- Offer genetic counseling and either chorionic villus sampling (by 13 weeks) or amniocentesis in the second trimester (15–18 weeks) to women with an increased risk of having a baby with Down syndrome

Second Trimester (14–26 weeks)

- Alpha-fetoprotein screening (15–18 weeks)
- Screening for gestational diabetes (approximately 24–28 weeks); One-hour oral glucose tolerance test (OGTT), 50 gram glucose screening and three-hour OGTT if screen is abnormal
- Rh Antibody tests repeated in unsensitized, D-negative patient at 24–28 weeks, unless the biological father is known to be Rh(d) negative

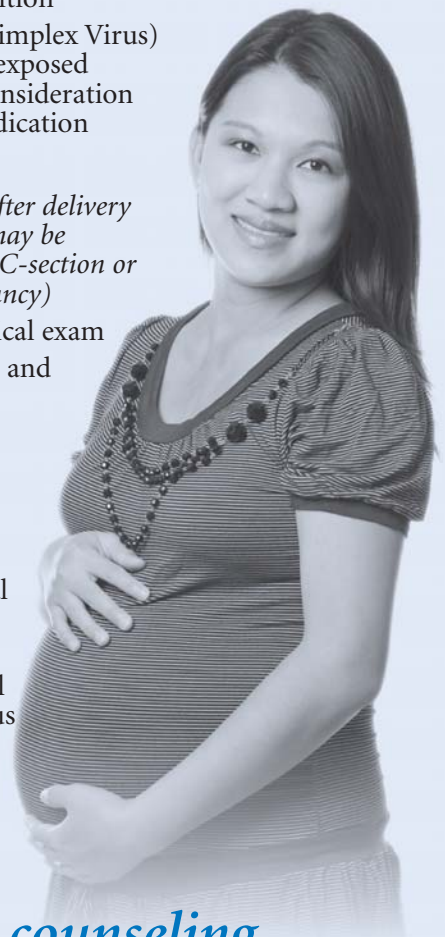
Third Trimester (27–42 weeks)

- Group B strep screening (35–37 weeks)
- Blood test (hemoglobin and hematocrit)
- Evaluation for sexually transmitted diseases at 32–36 weeks if indicated; second HIV test recommended for women receiving health care in areas with elevated incidence of HIV and AIDS among women between 15–45 years old (includes DC, DE, MD, PA and VA)
- Check fetal position
- HSV (Herpes Simplex Virus) counseling for exposed women with consideration of antiviral medication

Postpartum

Four to six weeks after delivery (seven to 14 days may be encouraged after a C-section or complicated pregnancy)

- Complete physical exam
- Check for signs and symptoms of depression
- Nutritional counseling, including breast-feeding
- Preconceptional counseling
- Screen women with gestational diabetes mellitus six to 12 weeks postpartum for diabetes



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Maternity

COUNSELING

Health

- Scope of care provided by your doctor(s), as well as anticipated schedule of visits
- Expected course of the pregnancy
- Childbirth classes
- Physical activity
- Signs and symptoms to report
- Signs of labor
- Anesthesia plans/analgesia plans
- Nutrition and healthy lifestyle
- Toxoplasmosis precautions
- Vaginal birth after cesarean section
- Depression
- Use of over-the-counter items, including herbal products
- Explain recommendations for prenatal weight gain: 25–35 lbs. for women of normal weight, 28–49 lbs. for underweight women, 15–25 lbs. for overweight women and 15 lbs. for obese women
- At least .4 mg of folic acid daily for the first trimester

Injury Prevention

- Newborn car seat
- Environmental/work hazards

Substance Abuse

- Alcohol, drug and tobacco use

Sexual Practices

- Sexual activity
- Birth control after the baby is born
- Tubal sterilization

Other

- Planning for hospital discharge
- Travel
- Breast/bottle feeding/structured breastfeeding education and counsel behavior to promote benefits
- Availability of resources and referrals, as necessary

- Selection of pediatrician (a doctor for your baby) while pregnant
- Circumcision
- Counsel about domestic violence
- Avoiding HIV infection
- Healthy infants should be placed on their back when being put to sleep

Immunization Recommendations for Normal Pregnancy:

- Tetanus, Diphtheria, Pertussis (Td/Tdap): Td vaccination to women in their second or third trimesters if last vaccination more than 10 years ago, a single dose of Tdap may be given postpartum to replace next Td booster (may be given in as short as a two-year interval)
 - Those who are not immunized or only partially immunized against tetanus should complete the primary series; if women don't complete the three-dose series during pregnancy, they should receive follow-up after delivery
- Pneumococcal, hepatitis A or B, and meningococcal vaccines: safe for use during pregnancy if needed based on risk-factors
- Influenza: inactivated influenza vaccine recommended in any trimester during influenza season
- MMR (Measles, Mumps, Rubella) and Varicella (Chickenpox): do not vaccinate women who are pregnant or who might become pregnant within four weeks of receiving the vaccine; recommend vaccine for women with no evidence of immunity in the postpartum period
- Human Papillomavirus (HPV): not recommended during pregnancy; if a woman becomes pregnant after initiating the vaccination series, the remainder of the series should be delayed until after the pregnancy
- Polio (IPV): administer in accordance with recommended schedule for adults if a pregnant woman is at increased risk for infection and requires immediate protection



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